

CLAIMS ONLY

10/10

Application Number

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | | | 6 | | | |
| Total Claims | | | 9 | | | |

* May be used for additional claims or amendments.

| | Indep | Depend | Indep | Depend | Indep | Depend |
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